## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000037433

Entity Name: G.W. PLOSSL AND CO., INC.

FILED Jun 27, 2008 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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12800 UNIVERSITY DRIVE 12800 UNIVERSITY DRIVE

SUITE 125 SUITE 125

FORT MYERS, FL 33907 FORT MYERS, FL 33907 US

Current Mailing Address: New Mailing Address:

12800 UNIVERSITY DRIVE 12800 UNIVERSITY DRIVE

SUITE 125 SUITE 125

FORT MYERS, FL 33907 US

FEI Number: 06-0851529 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PLOSSL, MARION L 12800 UNIVERSITY DRIVE, SUITE 125 C/O CHRIS GAIR FORT MYERS, FL 33907 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD ( ) Delete Title: PTSD (X) Change ( ) Addition

Name: PLOSSL, MARION L Name: PLOSSL, MARION L

Address: 12800 UNIVERSITY DRIVE, SUITE 125 Address: 12800 UNIVERSITY DRIVE, SUITE 125

City-St-Zip: FORT MYERS, FL 33907 City-St-Zip: FORT MYERS, FL 33907 US

 Name:
 PLOSSL, KEITH R
 Name:
 PLOSSL, KEITH R

 Address:
 3431 WINFAIR PLACE
 Address:
 3431 WINFAIR PLACE

 City-St-Zip:
 MARIETTA, GA 30062
 City-St-Zip:
 MARIETTA, GA 30062 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARION L. PLOSSL PSTD 06/27/2008